

Point of Service Device Order Form

Provider Name – Please print

Provider number

Trading partner ID number

If you do not have a trading partner ID number, please complete the Trading partner agreement and return with this form. Orders can not be processed without it.

Ship to Address:

Billing Address: (Check if same as shipping____)

Attn: _____

Attn: _____

E-mail address: _____

(If provided we will notify you when your order has been processed)

Do you need to dial a number to get an outside line? Y N Number _____

For Office Use Only	
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- | | |
|---------------------------------------|--------|
| • Date order received | _____ |
| • Date given to cash coordinator | _____ |
| • Date given to EDI | _____ |
| • Valid trading partner ID number | Y N |
| • Set up for 270/271 X12 transactions | Y N |
| • Date terminal ordered | _____ |
| • E-mail sent | Y N |